DATE: C/9/01   FROM: Sheila (print name)

FORWARD TO: 2165
A. Art Unit: 2165
B. Class: 705
C Subclass: 26

REASON(S):
A. You had Parent ___ (check box)
B. See Title ___ (check box)
C. See Abstract ___ (check box)
D. See Claim(s): ✓

FURTHER EXPLANATION IF NEEDED:

Delivery Scheduling

DATE: _____   FROM: _____ (print name)

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent ___ (check box)
B. See Title ___ (check box)
C. See Abstract ___ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

ok for 705/8.   (M)

DATE: _____   FROM: _____ (print name)

FORWARD TO CLASSIFIER

REASON(S):
A. You had Parent ___ (check box)
B. See Title ___ (check box)
C. See Abstract ___ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____   CLASSIFIER: _____

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent ___ (check box)
B. See Title ___ (check box)
C. See Abstract ___ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: